

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09782026</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69	1					
20		1					70		1				
21		1					71		1				
22		1					72	1					
23		1					73		1				
24		1					74	1					
25		1					75		1				
26	1						76		1				
27		1					77		1				
28		1					78		1				
29	1						79		1				
30		1					80		1				
31	1						81		1				
32		1					82		1				
33		1					83		1				
34		1					84		1				
35		1					85		1				
36		1					86		1				
37		1					87		1				
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	79						TOTAL DEP.						
TOTAL CLAIMS	87						TOTAL CLAIMS						